

Travel Express Agency Setup Form

This form can be filled out on your PC and then printed for scanning to e-mail, faxing, or mailing. Please send your completed form to one of the following:

Fax: 334-3415 **E-Mail:** STARS_security@sco.idaho.gov

Mail: State Controller's Office
Division of Statewide Accounting (DSA) – Systems Administration
4th Floor, Joe R. Williams Building
P.O. Box 83720
Boise, Idaho 83720-0011

<u>Agency Name</u>	<u>Agency Code</u>
Would you like the default per diem table for in state travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like the default per diem table for out of state travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like the routing personnel to receive e-mail notification that a Travel Express document is awaiting their attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fiscal Routing Information - List the individual(s) who will provide fiscal approval for your agency, in the spaces below. Attach additional pages if necessary.

Approval Routing Information - List the individual(s) who will provide final approval for your agency, in the spaces below. Attach additional pages if necessary.

Agency Administrator

Name: _____ Name (signed): _____

Date: _____

SCO – Systems Administration Only

Completed By: _____ Date: _____